



## INDIANA DATA BREACH NOTIFICATION FORM

OAG Form 1079 (R0 / 09-13)  
Identity Theft Unit

OFFICE OF ATTORNEY GENERAL  
Consumer Protection Division  
Government Center South, 5<sup>th</sup> floor  
302 W. Washington Street  
Indianapolis, IN 46204  
(317) 233-4393 – Fax

Name and Address of Entity or Person that owns or licenses the data subject to the breach			
Name H. Carson Smith, IV, P.C.			
Street Address 4474 Commerce Dr.		City Buford	State GA Zip Code 30518
Submitted by James J. Giszczak	Title Member	Dated 4/5/19	
Firm Name ( <i>if different than entity</i> ) McDonald Hopkins PLC		Telephone 2482201354	
Email jgiszczak@mcdonaldhopkins.com		Relationship to Entity whose information was compromised Attorney	

Type of Organization ( <i>please select one</i> )			
<input type="checkbox"/> State of Indiana Government Agency <input type="checkbox"/> Other Government Entity <input type="checkbox"/> Educational		<input type="checkbox"/> Health Care <input type="checkbox"/> Financial Services <input type="checkbox"/> Other Commercial	<input type="checkbox"/> Not-For-Profit <input checked="" type="checkbox"/> Other – please specify Law Firm

Number of Persons Affected		Dates	
Total ( <i>Indiana Included</i> )	1465	Date Breach Occurred ( <i>include start/end dates if known</i> )	October 2, 2018
Indiana Residents Only	3	Date Breach Discovered	March 6, 2019
		Date Consumers Notified	

Reason for delay, if any, in sending notification	
N/A	

Description of Breach ( <i>select all that apply</i> )			
<input type="checkbox"/> Inadvertent disclosure <input type="checkbox"/> Insider wrong-doing <input type="checkbox"/> Loss or theft of device or media (e.g. computer, laptop, external hard drive, thumb drive, CD, tape)		<input checked="" type="checkbox"/> External system breach (e.g. hacking) <input type="checkbox"/> Other	

Information Acquired ( <i>select all that apply</i> )			
<input checked="" type="checkbox"/> Social Security Number	<input checked="" type="checkbox"/> Name in combination with ( <i>select all that apply</i> ) <input type="checkbox"/> Driver's License Number <input type="checkbox"/> State Identification Number <input type="checkbox"/> State Identification Number <input type="checkbox"/> Debit Card Number ( <i>in combination with security code, access code, password or PIN for account</i> )		

List dates of previous breach notifications ( <i>within last 12 months</i> )			
N/A.			

Manner of Notification to Affected Persons		Identity Theft Protection Service Offered		
<i>Attach a copy of a sample notification letter</i>		<input checked="" type="checkbox"/> Yes	Duration	1 year
<input checked="" type="checkbox"/> Written		<input type="checkbox"/> No	Provider	TransUnion
<input type="checkbox"/> Electronic (email)		Brief Description of Service:		
<input type="checkbox"/> Telephone		Credit monitoring and identity theft protection		

**Since this breach, we have taken the following steps to ensure it does not reoccur (*attach additional pages if necessary*)**

At H. Carson Smith, IV, P.C., protecting the privacy of personal information is a top priority. H. Carson Smith, IV, P.C. is committed to maintaining the privacy of personal information in its possession and has taken many precautions to safeguard it. H. Carson Smith, IV, P.C. continually evaluates and modifies its practices and internal controls to enhance the security and privacy of personal information. As a result of this incident, H. Carson Smith, IV, P.C. has changed the password for the compromised account and is implementing a written information security program.

**Any other information that may be relevant to the Office of Attorney General in reviewing this incident (*attach additional pages if necessary*)**

SUBMIT